

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

PCT/EP 99/05449
International Application No.

(30.07.1999) 30 JUL 1999
International Filing Date

EUROPEAN PATENT OFFICE
PCT INTERNATIONAL APPLICATION
Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference (if desired) (12 characters maximum) AM/2-21810/A

Box No. I TITLE OF INVENTION	
Microbicidal active substances	
Box No. II APPLICANT	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
Ciba Specialty Chemicals Holding Inc. Klybeckstrasse 141 4057 Basle CH	
<input type="checkbox"/> This person is also inventor	
Telephone No. +41 61 636 11 11	
Facsimile No. +41 61 636 79 76	
Teleprinter No.	
State (that is, country) of nationality: CH	State (that is, country) of residence: CH
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
HÖLZL, Werner 4, rue de l'Argent 68440 Eschentzwiller FR	
This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)	
State (that is, country) of nationality: DE	State (that is, country) of residence: FR
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input type="checkbox"/> agent <input checked="" type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
Ciba Specialty Chemicals Holding Inc. Patent Department Klybeckstrasse 141 4057 Basle CH	
Telephone No. +41 61 636 11 11	
Facsimile No. +41 61 636 79 76	
Teleprinter No.	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

Continuation of Box No. III		FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
<i>If none of the following sub-boxes is used, this sheet is not to be included in the request.</i>			
<p><small>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small></p> <p>SCHNYDER, Marcel Schulstrasse 11/4 4127 Birsfelden CH</p>		<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p>	
<p>State (that is, country) of nationality: CH</p>		<p>State (that is, country) of residence: CH</p>	
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>			
<p><small>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small></p>		<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p>	
<p>State (that is, country) of nationality:</p>		<p>State (that is, country) of residence:</p>	
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>			
<p><small>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small></p>		<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p>	
<p>State (that is, country) of nationality:</p>		<p>State (that is, country) of residence:</p>	
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>			
<p><small>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small></p>		<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p>	
<p>State (that is, country) of nationality:</p>		<p>State (that is, country) of residence:</p>	
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>			
<p><input type="checkbox"/> Further applicants and/ r (further) inventors are indicated n another continuation sheet.</p>			

Box No.V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

Regional Patent

- ☐ AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SL Sierra Leone, SZ Swaziland, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☐ EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ EP European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☐ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> AE | United Arab Emirates..... | <input type="checkbox"/> LR | Liberia..... |
| <input type="checkbox"/> AL | Albania..... | <input type="checkbox"/> LS | Lesotho..... |
| <input type="checkbox"/> AM | Armenia..... | <input type="checkbox"/> LT | Lithuania..... |
| <input type="checkbox"/> AT | Austria..... | <input type="checkbox"/> LU | Luxembourg..... |
| <input type="checkbox"/> AU | Australia..... | <input type="checkbox"/> LV | Latvia..... |
| <input type="checkbox"/> AZ | Azerbaijan..... | <input type="checkbox"/> MD | Republic of Moldova..... |
| <input type="checkbox"/> BA | Bosnia and Herzegovina..... | <input type="checkbox"/> MG | Madagascar..... |
| <input type="checkbox"/> BB | Barbados..... | <input type="checkbox"/> MK | The former Yugoslav Republic of Macedonia..... |
| <input type="checkbox"/> BG | Bulgaria..... | | |
| <input type="checkbox"/> BR | Brazil..... | <input type="checkbox"/> MN | Mongolia..... |
| <input type="checkbox"/> BY | Belarus..... | <input type="checkbox"/> MW | Malawi..... |
| <input type="checkbox"/> CA | Canada..... | <input type="checkbox"/> MX | Mexico..... |
| <input type="checkbox"/> CH and LI | Switzerland and Liechtenstein..... | <input type="checkbox"/> NO | Norway..... |
| <input type="checkbox"/> CN | China..... | <input type="checkbox"/> NZ | New Zealand..... |
| <input type="checkbox"/> CU | Cuba..... | <input type="checkbox"/> PL | Poland..... |
| <input type="checkbox"/> CZ | Czech Republic..... | <input type="checkbox"/> PT | Portugal..... |
| <input type="checkbox"/> DE | Germany..... | <input type="checkbox"/> RO | Romania..... |
| <input type="checkbox"/> DK | Denmark..... | <input type="checkbox"/> RU | Russian Federation..... |
| <input type="checkbox"/> EE | Estonia..... | <input type="checkbox"/> SD | Sudan..... |
| <input type="checkbox"/> ES | Spain..... | <input type="checkbox"/> SE | Sweden..... |
| <input type="checkbox"/> FI | Finland..... | <input type="checkbox"/> SG | Singapore..... |
| <input type="checkbox"/> GB | United Kingdom..... | <input type="checkbox"/> SI | Slovenia..... |
| <input type="checkbox"/> GD | Grenada..... | <input type="checkbox"/> SK | Slovakia..... |
| <input type="checkbox"/> GE | Georgia..... | <input type="checkbox"/> SL | Sierra Leone..... |
| <input type="checkbox"/> GH | Ghana..... | <input type="checkbox"/> TJ | Tajikistan..... |
| <input type="checkbox"/> GM | Gambia..... | <input type="checkbox"/> TM | Turkmenistan..... |
| <input type="checkbox"/> HR | Croatia..... | <input type="checkbox"/> TR | Turkey..... |
| <input type="checkbox"/> HU | Hungary..... | <input type="checkbox"/> TT | Trinidad and Tobago..... |
| <input type="checkbox"/> ID | Indonesia..... | <input type="checkbox"/> UA | Ukraine..... |
| <input type="checkbox"/> IL | Israel..... | <input type="checkbox"/> UG | Uganda..... |
| <input type="checkbox"/> IN | India..... | <input checked="" type="checkbox"/> US | United States of America..... |
| <input type="checkbox"/> IS | Iceland..... | | |
| <input checked="" type="checkbox"/> JP | Japan..... | <input type="checkbox"/> UZ | Uzbekistan..... |
| <input type="checkbox"/> KE | Kenya..... | <input type="checkbox"/> VN | Viet Nam..... |
| <input type="checkbox"/> KG | Kyrgyzstan..... | <input type="checkbox"/> YU | Yugoslavia..... |
| <input type="checkbox"/> KP | Democratic People's Republic of Korea..... | <input type="checkbox"/> ZA | South Africa..... |
| | | <input type="checkbox"/> ZW | Zimbabwe..... |
| <input type="checkbox"/> KR | Republic of Korea..... | Check-boxes reserved for designating States (for the purposes of a national patent) which have become party to the PCT after issuance of this sheet: | |
| <input type="checkbox"/> KZ | Kazakhstan..... | <input type="checkbox"/> CR | Costa Rica..... |
| <input type="checkbox"/> LC | Saint Lucia..... | <input type="checkbox"/> DM | Dominica..... |
| <input type="checkbox"/> LK | Sri Lanka..... | | |

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)

Box No. VI PRIORITY CLAIM		<input type="checkbox"/> Further priority claims are indicated in the Supplemental Box		
Filing Date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application: regional Office	international application: receiving Office
item (1) 04 August 1998 (04.08.98)	98810749.6		EP	
item (2)				
item (3)				

☐ The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s):

* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA)
(If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA/

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)

15/01/99

Number

98 81 0749

Country (or regional Office)

EP

Box No. VIII CHECK LIST; LANGUAGE OF FILING

This international application contains the following number of sheets:

request : 4
description (excluding sequence listing part) : 20
claims : 2
abstract : 1
drawings : --
sequence listing part of description : --
Total number of sheets : 27

This international application is accompanied by the item(s) marked below:

1. ☒ fee calculation sheet
2. ☒ separate signed power of attorney
3. ☐ copy of general power of attorney; reference number, if any:
4. ☐ statement explaining lack of signature
5. ☒ priority document(s) identified in Box No VI as item(s): (1)
6. ☐ translation of international application into (language):
7. ☐ separate indications concerning deposited microorganism or other biological material
8. ☐ nucleotide and/or amino acid sequence listing in computer readable form
9. ☐ other (specify):

Figure of the drawings which should accompany the abstract: --

Language of filing of the international application:

German

Box No. IX SIGNATURE OF APPLICANT OR AGENT

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request)

Ciba Specialty Chemicals Holding Inc.
(signature)

Verena Spengler

21.07.1999

Patent Administrator

For receiving Office use only		2. Drawings: <input type="checkbox"/> received <input type="checkbox"/> not received:
1. Date of actual receipt of the purported international application: (30.07.99)	30 JUL 1999	
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:		
4. Date of timely receipt of the required corrections under PCT Article 11(2):		
5. International Searching Authority specified by the applicant: ISA/	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid	

Date of receipt of the record copy by the International Bureau:

For International Bureau use only